

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2							52		
3							53		
4							54		
5	1						55		
6							56		
7							57		
8							58		
9							59		
10		2					60		
11	1						61		
12	1						62		
13	1						63		
14		1					64		
15	1						65		
16	5						66		
17	5						67		
18	5						68		
19	5						69		
20		5					70		
21	1	5					71		
22	1	5					72		
23	1	5					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28	1						78		
29		5					79		
30		5					80		
31		7					81		
32		7					82		
33		4					83		
34		4					84		
35		2					85		
36		2					86		
37		4					87		
38		4					88		
39		4					89		
40		4					90		
41		4					91		
42	1						92		
43	(1)						93		
44	(1)						94		
45	(1)						95		
46	(1)						96		
47	(1)						97		
48	(1)						98		
49	(1)						99		
50	(1)						100		
TOTAL IND.	11						TOTAL IND.		
TOTAL DEP.	109						TOTAL DEP.		
TOTAL CLAIMS	120						TOTAL CLAIMS		